



HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Pacific Tower 970
P.O. Box 616, Honolulu, Hawaii 96809
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GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME:	Robert N. Herkes	STATE POSITION:	State Representative
STATE AGENCY:	Hawaii State Legislature	STATE TEL. NO.:	(808) 586-8400
STATE MAILING ADDRESS:	State Capitol 415 South Beretania Street, Room 419 Honolulu, Hawaii 96813		

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
			I have nothing to disclose during this filing period.						

RECEIVED
04 JUN 15 11:58
STATE OF MICHIGAN
STATE ETHICS COMMISSION

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

DATE _____